NOVITAS SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE

March 4, 2016

Dear Ambulance Company,

Medicare began a prior authorization program for repetitive scheduled non-emergent ambulance transportation services in New Jersey and Pennsylvania in December, 2014. The program expanded to Delaware, Maryland and the District of Columbia in December, 2015. When the program began, Medicare beneficiaries who had legal representative payees on file through the Social Security Administration (SSA) were excluded from the prior authorization process. Beginning with dates of service on or after April 1, 2016, Medicare beneficiaries with a representative payee are now included in the repetitive scheduled non-emergent ambulance transportation prior authorization program. Our records show you transport or have transported repetitively one or more Medicare beneficiaries with a representative payee.

The purpose of the prior authorization program is to reduce improper payments, while maintaining or improving quality of care. It is designed to ensure all relevant coverage, coding, and medical record(s) requirements are met before the service is rendered to the beneficiary and the claim is submitted for payment.

The non-emergent ambulance transport model applies to the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A0426 - Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1
- A0428 - Ambulance service, Basic Life Support (BLS), non-emergency transport

A prior authorization request package must include a valid Physician Certification Statement (PCS) signed by the beneficiary's attending physician within sixty (60) days in advance of the requested first transport date, and all other medical records supporting medical necessity. In addition, Novitas has created a prior authorization fax coversheet for the ambulance supplier's convenience when submitting the prior authorization package.

Prior authorization is voluntary. It does not create new medical record requirements. Instead, it requires the same information necessary to support Medicare payment be submitted earlier in the claim process. If a prior authorization request has not been submitted, claims identified as repetitive will be stopped for prepayment review.

For more information on the prior authorization program, visit Novitas-Solutions.com and select your jurisdiction. Select Medical Review from the menu on the left side of the homepage, and then select

Prior Authorization. You will find links to information on the program, submission steps and requirements, frequently asked questions, checklists, the cover sheet, and the Local Coverage Determination (LCD). The site features contact information and educational opportunities, along with other tools to assist you with the prior authorization process. If you have any questions, please contact our Novitas Prior Authorization Contact Center at 1-855-340-5975 from 8:00 AM to 4:00 PM Eastern Standard Time (EST).

Should a beneficiary not qualify for the Medicare transportation benefit, there are state and local services that may be able to help. Ambulance suppliers, beneficiaries, case managers, and caregivers may receive help by contacting Eldercare (1-800-677-1116), Medicare (1- 800-633-8873), or the local State Health Insurance Assistance Program (SHIP). Visit shiptacenter.org to obtain the SHIP phone number for your state or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Sincerely,

Novitas Prior Authorization